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## Clinical Policy Committee

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### Commissioning policy: Cryopreservation to Preserve Fertility

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Cryopreservation is a technique used to preserve fertility by banking gametes (eggs or sperm) or embryos prior to a treatment which may make a patient permanently infertile.

**Cryopreservation is routinely funded for:**

Patients aged 39 years and younger who are:

- about to start treatments, for example chemotherapy for cancer or radical surgery, where there is a significant likelihood of making a patient permanently infertile as an unwanted effect of treatment, **or**
- about to start gonadotoxic or teratogenic treatment which is likely to continue for their reproductive life and in whom stopping treatment for a prolonged period of time to enable conception is not an option

There is no lower age limit.

Access to NHS funded cryopreservation will not be affected by previous attempts at Assisted Conception.

**Cryopreservation is not routinely funded for:**

- Individuals who have previously been sterilised, even if sterilisation has been reversed
- Individuals who wish to delay conception and do not meet criteria for routine funding. This includes requests for cryopreservation of gametes and embryos for personal lifestyle reasons and concerns over future fertility (e.g. low ovarian reserve).

Requests for storage of gametes or embryos under circumstances which are not routinely funded require an application for exceptional funding to be made by the patient's clinician to the CCGs' Individual Funding Request Panel.

**Methods of cryopreservation funded**

NHS funded cryopreservation may be undertaken by banking gametes (eggs or sperm), or embryos if the patient has a partner, prior to treatment. If the patient survives treatment these may be used to assist conception.

**Duration of storage and funding**

Storage of gametes and embryos will be funded for an initial period of five years for patients aged 39 years and younger.

Storage will be renewed in cases where the patient is prematurely infertile, is likely to have become prematurely infertile, or is receiving teratogenic treatment. Storage will be renewed in further five year periods until the patient's 40<sup>th</sup> birthday, or less from the 35<sup>th</sup> birthday. The patient's clinician is expected to discuss with the patient whether continued storage is required, the expected outcome of subsequent fertility treatment and to confirm that the patient meets criteria for extension of storage.

Funding for storage will cease twelve months following the death of the patient.

**NHS Funded Assisted Conception**

Once an individual is fit and able to proceed with Assisted Conception using their frozen gametes or embryos, they must meet the eligibility criteria for Assisted Conception in force at that time. Please refer to the separate Assisted Conception policy. The funding of cryopreservation does not automatically entitle people to funding for Assisted Conception.

NHS funded cryopreservation of embryos and gametes for those accessing assisted conception is detailed within the separate Assisted Conception policy. This policy specifically relates to the preservation of fertility.

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**Guidance notes on exceptionality**

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Where the circumstances of treatment for an individual patient do not meet the criteria described above exceptional funding can be sought. Individual cases will be reviewed by the appropriate panel of the CCG upon receipt of a completed application from the patient's GP, consultant or clinician. Applications cannot be considered from patients personally.

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